

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552203

FILING DATE

APPLICANT(S)

12/17 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		2		1		1	53						
4		3		1		1	54						
5		4		1		1	55						
6		5		1		1	56						
7		6		1		1	57						
8		7		1		1	58						
9		8		1		1	59						
10		9		1		1	60						
11		10		1		1	61						
12		11		1		1	62						
13		12		1		1	63						
14		13		1		1	64						
15		14		1		1	65						
16		15		1		1	66						
17		16		1		1	67						
18		17		1		1	68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓	1	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	16	←	16	←	TOTAL DEP.		←		←		←
TOTAL CLASSES			17		17		TOTAL CLASSES						

BEST AVAILABLE COPY